# M210000/6090

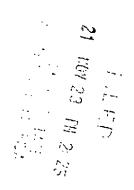
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DEC - 3 SOSI I TEMIENX

### COVER LETTER

TO:

	egistration Section livision of Corporations				
SUBJECT	MH 2020 LLC T:				
Name of Limited Liability Company					
The enclos Existence,	sed "Application by Foreign Limited and check are submitted to register t	Liability Company for Authorization to Transact Business in Florida," Certificate of he above referenced foreign limited liability company to transact business in Florida.			
Please retu	irn all correspondence concerning thi	s matter to the following:			
	Robert Charal				
		Name of Person			
	MH 2020 LLC				
	Firm/Company				
	00				
	Address				
	City/State and Zip Code				
	rcharal@icred.com				
	E-mail addr	ess: (to be used for future annual report notification)			
For further	information concerning this matter,	please call:			
R	obert Charal	630 560-8047			
	Name of Contact Pers				
R D P	lailing Address: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
P!					

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	TION 605.0902, FLORIDA STATUTES, THE F ISINESS IN THE STATE OF FLORIDA:	OLLOWING IS	SUBMITTED TO REGISTI	ER A FOREIGN 1	UMITED LIABILITY
MH 2020 LLC					
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability Com	pany," "L.L.C.," or "LLC.")	··· · · · · · · · · · · · · · · · · ·	
MHmike 2020 LLC					
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in F	lorida, The alternat	e name must include "Limited L	iabihty Company," "I.	L.C," or "LLC.")
Illinois			189624		
2. (Jurisdiction under the law of w	thich foreign limited liability company is organized)	3	(FEI numb	per, if applicable)	
4					
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) nine penalty liability	")		
2100 N. Ocean Bouley	rard	2221	Camden Court		
5. (Street Address of Principal Office)			(Mailing Address)		
Suite 28A		Suite	200		
Fort Lauderdale, Floric	la 33305	Oak	Brook, Illnois 60523	ζ.	
<ol><li>Name and <u>street addres</u></li></ol>	ss of Florida registered agent: (P.O. Box	C <u>NOT</u> accep	able)	3	شبطية .
				2	
	Michael Halikias			ω. :	'n
Name:			_	<b>平</b>	D
0.07	2100 N. Ocean Boulevard Suite 28A				
Office Address:		· · · · · · · · · · · · · · · · · · ·		25	
	Fort Lauderdale, Florida		33305		
	(City)	<del> </del>	_ , Florida(Zip code)		
Dagistand accepts accept	•				
Registered agent's accep <i>Having been named as re</i>	cance: gistered agent and to accept service of [	process for th	e above stated limited	liability compa	ny at the place
designated in this applica	tion, I hereby accept the appointment a	is registered a	gent and agree to act	in this capacity	I further agree
to comply with the provisi and accept the obligation.	ions of all statutes relative to the proper s of mypos <b>q</b> ion as registered agent.	and complet	e performance of my a	luties, and Lam 	familiar with
, .	[/]11				
	VIVIU -				
	(Registered agent's	signature)			

8. For initial index manage [up to six (6)	ing purposes, list names, title or capacity an 6) total]:	d addresses of the primary n	nembers/managers or pers	ons authorized to
Title or Capacity:	Name and Address:	Title or Capacity:	<u>Name an</u>	d Address:
■Manager	Name: Michael Halikias	■Manager	Name: Robert Charal	
□Member	Address: 2100 N. Ocean Boulevard	□Member	Address: 2221 Camden	ì
□Authorized	Suite 28A	□Authorized	Suite 200	
Person	Fort Lauderdale, Florida 33305	Person	Oak Brook, Illinois 6052	
□Other	Other	□Other		
■ Manager  □ Member  □ Authorized	Name: Patricia Halikias  Address: 2221 Camden Court  Suite 200	■ Manager  □ Member	Name: Aristotle Halikia: Address: 2221 Camden  Suite 200	
Person	Oak Brook, Illinois 60523	□Authorized Person	Oak Brook, Illinois	
□Other	Other	□Other	Other_	
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other		
9. Attached is a cert jurisdiction under th of the translator mus	s executed in accordance with section 605.0 nent to the Department of State constitutes a	Florida Department of State ld, duly authenticated by the cate is in a foreign language.	Annual Report form.  official having custody of a translation of the certification and a second control of the certification and the certification of the ce	records in the icate under oath

### File Number

0926494-9



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

MH 2020 LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 11, 2020, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 9TH day of NOVEMBER A.D. 2021.

Authentication #: 2131302250 verifiable until 11/09/2022

Authenticate at: http://www.ilsos.gov

Desse White

SECRETARY OF STATE